

Note: Please make sure to read note 1, 2, and 3 before completing the survey

GROUP QUARTERS LOCAL CONTACT SURVEY
TO BE USED IN THE 7/1/07 ESTIMATES
(PLEASE PRINT)

NAME: -----

TITLE: -----

DEPARTMENT: -----

ADDRESS 1: -----

ADDRESS 2: -----

CITY AND ZIP: -----

FROM WHAT CITY OR COUNTY ARE YOU A CONTACT: -----

TELEPHONE: -----

E-MAIL: -----

Please return completed form by 4/30/07 to:

Samuel Colon
Population Statistics Unit, Site Code 045Z
PO Box 6123, Phoenix, AZ 85005-6123
Telephone: (602) 542-6057
Fax: (602) 542-7425
E-Mail: scolon@azdes.gov

Thank you

1. The local contact should be familiarized with the group quarters facilities in your jurisdiction
2. The local contact should be able to obtain a certification letter from a facility if such letter is needed
3. The local contact need to be able to meet deadlines imposed by DES